

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091607965
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		3		3		
7		3		2		
8		3		2		
9		3		2		
10		9		1		
11				2		
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18			1			
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
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27				1		
28				1		
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48						
49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	28		36			
TOTAL CLAIMS	29		38			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						